



130085

- 016



## Alleged Adverse Effects Incidents

Date: 7-31-03

E-mail to: [klspeheger@dow.com](mailto:klspeheger@dow.com)

Caller Name: [REDACTED]

Company:

Street or P.O. Box: [REDACTED]

City: Sunnyvale State: CA Zip Code: 94086

Phone: [REDACTED]

Product: Vikane

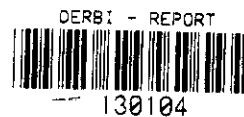
**Problem:** She had home fumigated with Vikane about 5 days ago she has since had problems with dizziness, shortness of breath. She went to the emergency room last night they raised the dose on her inhalers. She is a smoker as well.

Referred to: Prosar

Sender Name: Patty Vaughn

Sender Phone: 317-781-4600 X 3525

DERBI: 130085 SC H-C  
Report: Yes ☒ No ☐  
if no, why: \_\_\_\_\_  
Date: 8-4-03



-017

YHK  
7-24-03

# DASL INITIAL INCIDENT TRACKING FORM

DAS PRODUCT(S) INVOLVED Vikane  
ACTIVE INGREDIENT Sulfuryl Fluoride  
REGISTRATION NUMBER 62719-004  
OTHER PRODUCTS None known

DILUTION/CONCENTRATE Unknown  
FORMULATION Vikane  
DERBI NUMBER SOURCE Employee

NAME [REDACTED]

COUNTY/CITY/STATE San Luis Obispo, California  
TELEPHONE NUMBER [REDACTED] AGE 50 years  
DATE OF INITIAL NOTIFICATION 6/18/2003

DATE OF APPLICATION 7/19/2002

DATE OF INITIAL MEDICAL TREATMENT 7/19/2002

|                     |    |            |     |
|---------------------|----|------------|-----|
| OCCUPATIONAL INJURY | No | OCCUPATION | N/A |
| HOME UNINHABITABLE  | No | DISABLED   | No  |
| DEATH               | No | PREGNANT   | No  |

## INCIDENT CIRCUMSTANCES

Reportedly, a home across the street from [REDACTED] was fumigated by a PCO. He claims the tent was billowing and the tent had holes that were patched. He contacted the PCO to tell them and waited near the home. He claims he began to experience various symptoms and went to the emergency room. He then filed a complaint with the California DPR.

|                                  |   |
|----------------------------------|---|
| TYPE OF APPLICATION              | Fumigation                                |
| AMOUNT OF PRODUCT APPLIED        | 18 lbs. of Vikane; 1.9 oz. of Chlorpicrin |
| PERSONAL PROTECTIVE EQUIPMENT    | Unknown                                   |
| LABEL DIRECTIONS FOLLOWED        | Unknown                                   |
| CERTIFIED PCO/LCO                | Key Termite and Pest Control              |
| LOCATION WHERE INCIDENT OCCURRED | 265 Lincoln Street, San Luis Obispo, CA   |
| NUMBER OF PERSONS INVOLVED       | 1   |
| ROUTE OF EXPOSURE                | Inhalation                                |

DERBI: 130104  
Report: Yes ☒ No ☐  
If no, why: \_\_\_\_\_  
Date: 8-5-03  
SC H-C

**LENGTH OF TIME FROM  
EXPOSURE TO SYMPTOMS**

Immediate

**SYMPTOMS REPORTED**

7/19/2002 at Sierra Vista Regional Medical Center: nausea, chest pain, cough, headache, anxiety. Claimed he immediately fell ill with nausea, rapid breathing, anxiety, confusion, dizziness, irritability, nervousness, stress. States the nausea and dizziness lasted 2 days.

8/9/2002: States he is still having symptoms-nausea, light headedness, hypertension and aggravation of his mental condition

**RESULTING DIAGNOSIS**

Acute anxiety

**TYPE OF MEDICAL CARE FACILITY**

Hospital

**ADDITIONAL INFORMATION**

California DPR Investigation Report: One violation regarding paperwork was issued; no violations regarding fumigation procedure.

**CORRELATION OF ALLEGED EXPOSURE TO PRODUCT**

None at this time.

**COUNTER INDICATION OF CORRELATION OF ALLEGED EXPOSURE**

None at this time.